

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-237, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 448.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>7313</u>	2. Fiscal Year Covered From: <u>1/1/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>Daniel M McNamee</u> P.O. Box, Bldg., Room No., if any Street <u>3449 Hollenberg Dr.</u> City <u>Bridgeton</u> State <u>MD</u> ZIP Code + 4 <u>63044</u>	4. Name, file number, and address of labor organization. Name <u>INTERNATIONAL UNION OF OPERATING ENGINEERS</u> Labor Organization File Number <u>039-895</u> P.O. Box, Building and Room Number, if any Street <u>3449 Hollenberg Dr.</u> City <u>Bridgeton</u> State <u>MD</u> ZIP Code + 4 <u>63044</u>
5. Position in labor organization. <u>Recording Secretary</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Daniel M. McNamee On 8-11-05 314-739-3983
Date Telephone Number

10. If 9.b. or 9.c. is checked give trust or employer's name. Street City State ZIP Code + 4	c. Employer
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing.
Street City State ZIP Code + 4	12.a. Nature of interest held or income received. 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name MILLIMAN USA Trade Name, if any. P.O. Box, Bldg., Room No., if any Street 650 CALIFORNIA ST. City SAN FRANCISCO State CA. ZIP Code + 4 94108	14.a. Nature of payment. Dinner April 1st \$36.50
13.b. Is the Business an Employer of Consultant ?	14.b. Amount of payment. \$36.50